

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) <b>09610.1271</b>	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s) <b>Edward J. Lynch</b>		Registration Number <b>24,422</b>	
Correspondence Address: Direct all communications about the application to: <div style="display: flex; align-items: center; margin-top: 10px;"><div style="margin-right: 10px;"><input type="checkbox"/> Customer Number</div><div style="border: 1px solid black; width: 250px; height: 30px; display: flex; align-items: center; justify-content: center;"><i>Type Customer Number here</i></div><div style="margin: 0 10px;">→</div><div style="border: 1px solid black; padding: 5px; text-align: center; width: 150px;"><i>Place Customer Number Bar Code Label here</i></div></div>			
<input checked="" type="checkbox"/> Firm or Individual Name	<b>Edward J. Lynch</b>		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name)			
Inventor's signature <b>Alan K. Schaer</b>		Date	
Residence <b>5050 Elmgrove, San Jose, CA 95130</b>		Citizenship <b>U.S.</b>	
Mailing Address			
Full name of second joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
Full name of third joint inventor (given name, family name)			
Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)

**09610.1271**

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor (if plural names are listed below) of the subject matter which is described and claimed

in patent number 8,251,167, granted June 26, 2001, and for which a

reissue patent is sought on the invention entitled \_\_\_\_\_

**EP CATHETER**

the specification of which

☒ is attached hereto.☐ was filed on \_\_\_\_\_ as reissue application number \_\_\_\_\_and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

**New claim 36 is broader than claims 18, 20, 30 and 31 of the issued patent in several aspects. The new claim 36 is directed to a disclosed combination which does not require an electrical conductor braided within or into the shaft or a metal band or conducting member over the temperature sensor.**

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<b>CONSENT OF ASSIGNEE TO REISSUE, POWER OF ATTORNEY AND STATEMENT UNDER 37 C.F.R. 1.373(b)</b>		<b>Docket Number</b>  09610.1271
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s)  Alan K. Schaer		
Patent Number  6,251,107	Date Patent Issued  June 26, 2001	
Title of Invention  EP CATHETER		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (form PTO/SB/96). Statement of Ownership: Assignee CaRDiMa, Inc. is the holder of all rights and title and interest in the U.S. Patent No. 6,251,107 by inventors of the assignment which was recorded on _____ and can be found at reel/frame _____.</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are _____ and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned)  CaRDiMa, Inc.		
Signature	Date	
Typed or printed name and title of person signing for assignee (if assigned)  Eric Chan, V.P. New Product Development		